

Supplemental Application Data Sheet

Application Information

Application number::	10/692,724
Filing Date::	10/27/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	1657
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	METHODS OF TREATING VASCULAR DISEASES CHARACTERIZED BY NITRIC OXIDE INSUFFICIENCY
Attorney Docket Number::	0102258.00170US3
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Joseph
Middle Name::
Family Name:: LOSCALZO
Name Suffix::
City of Residence:: Dover
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 16 Ledgewood Drive

City of mailing address:: Dover
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02030

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Joseph
Middle Name:: A.
Family Name:: VITA
Name Suffix::
City of Residence:: Hingham
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 12 Fulling Mill Lane

City of mailing address:: Hingham
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02118

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: D.
Family Name:: LOBERG
Name Suffix::

City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 86 Beacon Street

City of mailing address:: Boston
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02116

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Manuel
Middle Name::
Family Name:: WORCEL

Name Suffix::

City of Residence:: Boston

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 20 Gloucester Street, No. 4

City of mailing address:: Boston

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02115

Correspondence Information

Correspondence Customer Number:: 24395

Representative Information

Representative Customer Number:: 25270

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/679257	10/07/03
10/679257	<u>Division of</u>	09/697317	10/27/00
09/697317	An application claiming the benefit under 35 USC 119(e)	60/162230	10/29/99
09/697317	An application claiming the benefit under 35 USC 119(e)	60/179020	01/31/00
This Application	Continuation of	10/687706	10/20/03
10/687706	Continuation of	10/415136	04/25/03
10/415136	National Stage of	US01/14245	05/02/01
<u>US01/14245</u>	<u>Continuation-in-part of</u>	<u>US00/29528</u>	<u>10/27/00</u>
<u>US00/29528</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/162230</u>	<u>10/29/99</u>
<u>US00/29528</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/179020</u>	<u>01/31/00</u>

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	NitroMed, Inc.
Street of mailing address::	45 Hayden Avenue Suite 3000
City of mailing address::	Lexington
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02421